# BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

# COMBINED DECLARATION AND POWER OF ATTORNEY-FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	claimed and for which a pa	and joint inventor itent is sought on t	he invention entitled	t:	August Maries Williams		
Insert Title:	BIOACTIVE COATING OF BIOMEDICAL IMPLANTS						
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:						
Fill in Appropriate	The specification was filed			tes Application Number _	10/586,261 ;		
Information -	and amended on07/	18/2006 (if	applicable) and/or				
For Use Without	the specification was filed o	n <u>01/19/2005</u>	<del></del>	onal Application Number 👤	PCT/AU2005/000055;		
Specification Attached:				s of the above-identified spo			
•	claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:						
	<b>Prior Foreign Application</b>	on(s)	•		Priority Claimed		
Insert Priority	2004900202		tralia	January 19, 2004	Yes No		
Information (if appropriate)	(Number)	(Country)		(Month/Day/Year Filed			
	(Number)	(Country)		(Month/Day/Year Filed			
	(Number)	(Country)		(Month/Day/Year Filed	Yes No		
	(Number) I hereby claim the benefit to listed below.	(Country) under Title 35, Unit	ed States Code, §119	(Month/Day/Year Filed (e) of any United States pr	l) Yes No rovisional applications(s)		
Insert Provisional	· .						
Application(s): (if any)	(Application Number)		(Filing	; Date)			
	(Application Number)  (Filing Date)  All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for						
	All Foreign Applications, it Designs) Prior to the Filing I	f any, for any Pate Date of This Applica	tion:				
Insert Requested Information (if appropriate)	Country		Application Numb	ger Date of Film	g (Month/Day/Year)		
	I hereby claim the benefit including for continuation-ithis application is not disck paragraph of Title 35, Unite patentability as defined in T of the prior application and	n-part application(s osed in the prior Un d States Code, \$112 litle 37. Code of Fed	e) listed below and, it nited States and/or P 2, I acknowledge the c eral Regulations, \$1.5	asolar as the subject matter 'CT application in the man duty to disclose information 6 which became available	ner provided by the first which is material to the		
Insert Prior U.S. Application(s):	(Application Number)	(E	iling Date)	(Status - patented	, pending, abandoned)		
(if any)	(Application Number)	(F	iling Date)	(Status - patented	, pending, abandoned)		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

#### CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventors	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
insert Name of Inventor →	Sunil KUMAR	5514	25/08/08		
Insert Date This Document is Signed	Residence (City, State & Country)	CITIZENSHIP			
Insert Residence   L	GREENWITH SOUTH ANSTRA	ALIA, AUSTRALEA	Australia		
Insert Post Office	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Address R	11 BERESTNA PLACE, GREEN	NWITH, SA 5125, A	-USTRALLM		
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Hailong ZHANG				
	Residence (City. State & Country)		CITIZENSHIP		
	ľ		People's Republic of China		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	•		
	· · · · · · · · · · · · · · · · · · ·				
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Darren John SIMPSON				
	Residence (City, State & Country)	CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address	Australia			
	dra				
Full Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME Roger St. Clair SMART	INVENTOR'S SIGNATURE	DATE*		
age above					
	Residence (City, State & Country)	CITIZENSHIP Australia			
	Tennyson, Australia	ingle-ding City State & Country)	Australia		
MAILING ADDRESS (Complete Street Address including City, State & Country) 2/6 Bournemouth Street; Tennyson South Australia 5022; AUSTRALIA					
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Full Name of Pifth Inventor, if anyt see above	GIVEN NAME/FAMILI NAME	INVENTORSSIGNATURE	DATE		
	Residence (City, State & Country)		CITIZENSHIP		
MAILING ADDRESS (Complete Street Address including City, State & Country)					
	CHARLES AND	INVENTOR'S SIGNATURE	D A TETA		
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE	DATE*		
	Residence (City, State & Country)	CITIZENSHIP			
Ī	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)			

\*DATE OF SIGNATURE

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

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	next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Insert Title:	BIOACTIVE COATING OF BIOMEDICAL IMPLANTS						
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:						
Fill in Appropriate Information -	The specification was filed o	n 02/08/20	07 as United St	ates Applic	ation Number	10/586,26	<u>1;</u>
	and amended on07/1	8/2006 (if	applicable) and/or				
For Use Without Specification	the specification was filed on	01/19/2005	as PCT Internati	ional Applic	cation Number <u>PC</u>	r/AU2005/0	<u>)00055</u> ;
Attached:	and was amended on  I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application (s for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:						Code of ication(s) oatent or
	Prior Foreign Application				. ]	Priority Cla	ai <u>med</u>
Insert Priority	2004900202	Au	stralia		nuary 19, 2004	X	Ļ
Information (if appropriate)	(Number)	(Country)			Day/Year Filed)	Yes	No
	(Number)	(Country)		(Month/	Day/Year Filed)	Yes	No
	(Number)	(Country)		(Month/	Day/Year Filed)	Yes	No
	(Number)	(Country)			Day/Year Filed)	Yes	No
	I hereby claim the benefit un listed below.	der Title 35, Uni	ted States Code, §11	9(e) of any	United States provis	sional applic	ations(s)
Insert Provisional							-
Application(s): (if any)	(Application Number)		(Filin	g Date)			
	(Application Number)		,	g Date)			
	All Foreign Applications, if a Designs) Prior to the Filing Da	any, for any Pate te of This Applica	ent or Inventor's Cention:	rtificate File	d More than 12 M	onths (6 Mc	nths for
Insert Requested Information (if appropriate)	Country		Application Num	lber	Date of Filing (I	Month/Day	/Year)
	I hereby claim the benefit ur including for continuation-in- this application is not disclost paragraph of Title 35, United patentability as defined in Titl of the prior application and the	part application(sed in the prior U States Code, \$11: e 37, Code of Fed	<ul> <li>i) listed below and, i nited States and/or I 2, I acknowledge the eral Regulations, §1.5</li> </ul>	insofar as th PCT applica duty to disc 56 which be	e subject matter of tion in the manner close information wh came available bety	each of the operation of the contract of the c	claims of the first ial to the
Insert Prior U.S. Application(s): (if any)	(Application Number)	<u>(I</u>	Filing Date)	(St	atus - patented, pe	nding, aban	doned)
- **	(Application Number)	<u>(I</u>	iling Date)	(St	atus – patented, pe	nding, aban	doned)

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Pull Name of First or Sofe Inventor Insert Name of Inventor	GIVEN NAME/FAMILY NAME Sunil KUMAR	INVENTOR'S SIGNATURE	DATE*		
Insert Date This Document is Signed	Residence (City, State & Country)	CITIZENSHIP			
Insert Residence Insert Citizenship	Golden Grove, Australia		Australia		
Insert Post Office	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Address →	29 Rotz Court; Golden Grove South Australia 5	125; AUSTRALIA			
Pull Name of Becond	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if anys	Hailong ZHANG	Hadon Zhan	26/08 /2008		
see spore		/Arroll			
	Residence (City. State & Country)	O	CITIZENSHIP Australia People's Republic of China		
	Wheelers Hill, Victoria, Australia		1 copies republic of China		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	4 Allendale Crescent, Wheelers H	ill, Vic ,3150, Austr	alia		
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Full Name of Third Inventor, if arryi see above	Darren John SIMPSON	MA A DEAT OF O DECLARATION OF THE			
•	Residence (City, State & Country)		CITIZENSHIP		
	r f	,	Australia		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	WAILING ADDICES (Complete Street reduces)	dictioning City, Charle of Commission,	•		
	ABA.N.				
Full Name of Pourth Inventor, if anys see above	GIVEN NAME/FAMILY NAME Roger St. Clair SMART	INVENTOR'S SIGNATURE	,DATE*		
	Residence (City, State & Country)	CITIZENSHIP			
·	Tennyson, Australia	Australia			
	MAILING ADDRESS (Complete Street Address including City, State & Country) 2/6 Bournemouth Street; Tennyson South Australia 5022; AUSTRALIA				
	2/6 Bournemouth Street, Tennyson South Austr	ana 5022; AOSTRALIA			
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)		CITIZENSHIP		
	,,				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Pull Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)	t	CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			

\*DATE OF SIGNATURE

HZ.

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Insert Title:	BIOACTIVE COATING OF BIOMEDICAL IMPLANTS						
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Fill in Appropriate	The specification was filed			tes Application	Number	10/586,26	1;
Information -			applicable) and/or				
For Use Without	the specification was filed o	n <u>01/19/2005</u>	as PCT Internation	onal Application	n Number <u>PCT</u>	/AU2005/	<u> 300055</u>
Specification Attached:	and was amended on I hereby state that I ha	(((1)1)1)					
	Federal Regulations, \$1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:						
	Prior Foreign Application			Tamera		riority Cl	
Insert Priority Information	2004900202		tralia	(Month/Day	y 19, 2004 (Year Biled)	Yes	No
(if appropriate)	(Number)	(Country)		•			
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No
·	(Number) I hereby claim the benefit the listed below.	(Country) under Title 35, Unit	ed States Code, §119	(Month/Day (e) of any Unit		Yes ional appli	No cations(s)
Insert Provisional	<u>.                                      </u>						
Application(s): (if any)	(Application Number)		(Filing	g Date)			
	(Application Number) (Filing Date)						
	All Foreign Applications, i Designs) Prior to the Filing I	f any, for any Pate Date of This Applica	nt or Inventor's Cer tion:				
Insert Requested Information (if appropriate)	· ·		Application Numb	oer I	Date of Filing (N	fonth/Day	/Year)
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims this application is not disclosed in the prior United States and/or PCT application in the manner provided by the fip paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to to patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing defended of the prior application and the national or PCT international filing date of this application.					the first	
Insert Prior U.S. Application(s):	(Application Number)	(F	iling Date)	(Status	- patented, per	nding, abai	idoned)
(if any)	(Application Number)	(F	iling Date)	(Status	- patented, per	nding, abai	doned)

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<b>↓</b>	application or any patent issued increon.					
full Name of First or Sole Inventor: useri Name of Inventor	GIVEN NAME/FAMILY NAME Sunil KUMAR	INVENTOR'S SIGNATURE	DATE*			
nsert Date This Document is Signed  nsert Residence psert Citizenship	Residence (City, State & Country) Golden Grove, Australia	CITIZENSHIP Australia				
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address 29 Rotz Court; Golden Grove South Australia 5					
uii Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Hailong ZHANG	INVENTOR'S SIGNATURE	DATE*			
	Residence (Citv. State & Country)		CITIZENSHIP People's Republic of China			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	·			
uli Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Darren John SIMPSON	INVENTOR'S SIGNATURE	DATE* 25/08/2008			
DS.	Residence (City, State & Country) St Agnes, SA 5097 Australia	CITIZENSHIP Australia				
	MAILING ADDRESS (Complete Street Address including City, State & Country) IE WILD OOK Grove, St Agnes SA 5047 AUSTRALIA					
ull Name of Fourth Inventor, if any; see above	GIVEN NAME/FAMILY NAME Roger St. Clair SMART	INVENTOR'S SIGNATURE	DATE* 25/08/2008			
P	Residence (City, State & Country) Tennyson, Australia Sac A Australia	Australia	CITIZENSHIP / Australia			
(SE)	MAILING ADDRESS (Complete Street Address including City, State & Country) 2/6 Bournemouth Street; Tennyson South Australia 5022; AUSTRALIA					
uli Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
ull Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country)	CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				

\*DATE OF SIGNATURE